

2007

P. O. Box 609, Marietta, GA 30061
205 Lawrence Street, Marietta, GA 30060
(770) 794-5680
www.mariettaga.gov

THIS FORM IS TO PROVIDE EXEMPTIONS FOR LOCAL PROPERTY TAXES PROVIDED BY THE CITY OF MARIETTA, GEORGIA. **Please complete and return to the Tax Department.** You are responsible for filing with Cobb County for County exemptions.

Owner's name _____

Property address _____

Date property purchased _____ Daytime Phone # _____

Are there any liens against the property? (mortgage company, etc.) Yes _____ No _____

If so, to whom is the lien due? _____ In what amount \$ _____

Kind of title acquired (Fee Simple Title, Life Estate or other) _____

Do you reside at the above homestead? Yes _____ No _____

Are you **totally** disabled? Yes _____ No _____ If yes, you are required to attach a **medical statement** from your physician.

Are you a disabled veteran (or an unremarried widow or minor child of a disabled veteran)? Yes _____ No _____

If yes, please attach one of the following: (1) **a letter of verification from the Veteran's Administration**, (2) **a copy of DD Form 214**, along with a letter from your doctor stating that you are disabled, or (3) **a copy of your discharge papers and adjudication of total and permanent disability by the Veteran's Administration.**

**** If you are 62 years of age or older, you must complete this section below for school tax exemption. ****

Social Security Number _____ Date of birth _____

Spouse's name _____

Spouse's SS# _____ Date of birth _____

Please indicate the size of your property by checking the appropriate line: _____ one acre or less
 _____ more than one acre

What is your gross annual income (**excluding** Social Security and pensions, but **including** interest income)? (You must provide proof of earned and interest earned income in order to receive the exemption status.) \$_____

Other person(s) living with you:

Name _____ Relationship _____

SS# _____ Income \$ _____

I, the undersigned, do solemnly swear/affirm that the statements made in support of the application are true and correct, that I am the bona fide owner of the property described in the application and I actually occupied same on January 1 of the year for which this application is made.

Signatures _____	_____	_____
Claimant	Tax Department	Date

FOR CITY USE ONLY

District Land Lot Parcel

The claimant qualifies for the following:

_____ \$2,000 Disability/Sch.	_____ School Tax
_____ \$4,000 Reg. Exemption	_____ \$50,000 Disabled Vet.

Cobb County Initial _____